

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT NEW YORK

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CHAPTER 11

KINGDOM SEEKERS INC./  
ARON GOLDBERGER,

\*

\*

Creditor /Plaintiff,

\*

Case No. 18-23538

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\*

(Jointly Administered)

\*

**NOTICE OF DIRECTLY**

Sears Holdings Corporation, K MART and Affiliates  
Defendant,

\*

**RELATED CASE**

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Social Security Administration  
Nominal Defendant / Debtors

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**Notice of Directly Related Case**

ARON GOLDBERGER's , *pro-se*, DEFENDANT CLAIMS REPLY MEMORANDUM OF LAW

IN OPPOSING OF UNITED STATES', RESPONSE MEMORANDUM OF LAW IN

OPPOSITION TO DEFENDANT'S MEMORANDUM OF POINTS AND AUTHORITIES IN

SUPPORT OF CONSOLIDATING THIS ACTION WITH CASE NO. 18-23538, DOCKET#

10488 FOUND IN THE UNITED STATES BANK BANKRUPTCY COURT SOUTHERN

DISTRICT NEW YORK, AND SOCIAL SECURITY ADMINISTRATION

BNC# [REDACTED] . MEMORANDUM OF LAW IN SUPPORT OF MOTION TO STRIKE

DEFENDANTS MEMORANDUM OF POINTS AND AUTHORITIES AND ATTACHED

PROPOSED AMENDED COMPLAINT PURSUANT TO RCFC RULE 40.2(a)(2) DIRECTLY

RELATED CASES, AND RCFC RULE 40.1 CONSOLIDATING CASES.

**Notice of Directly Related Case Disclosure Statement**

In 2014, while maintaining employment status on the Sears/ Kmart payroll, as an employee to continue to remain eligible to receive wage commissions owed, on long term real estate projects. I, Aron Goldberger aka Odrica Harrow, worked with Sears Commercial Services. I experienced negligence, wage theft, and failure to hire and be promoted, regarding this work, by the corporation, as a hired employee. I have not received credit or compensation regarding this work to date.

In the summer of 2014, while being employed with the company, but, off duty, I was physically attacked by a Kmart/Sears employee over merchandise, which resulted in an injury that required me to have surgery, which left me temporarily disabled, and unable to complete school, and work amongst other important life tasks. After attempting to be compensated by KMART/ Sears for this injury, I was challenged, neglected and denied relief, and made no offers of compensation, because of this, a series of ongoing personal, business, and economical irreversible damages and losses took place, and continue to take place, without ceasing. The non compensation of these two issues affected me, my family, several communities, institutions, government agencies, cultures, and our economy on a micro and macro economic scale, to date, and loss of my business corporations aged close to 20yrs of age. Much valuable time and work has been lost with these delays.

Recently, after attempting to make motions in the US Bankruptcy Court to recover and be compensated for these wages and injury damages, I made demand through a **MOTION TO BE LISTED AS A PRIORITY DEBT, DEMAND ACKNOWLEDGEMENT OF EMPLOYMENT AND TYPE OF WORK PERFORMED** and demand it be reported to Social Security, so I could receive credit and acknowledgement for my work, to support my compensation claims.

Naturally, in June of 2022 after obtaining new employment, I came to realize I had been unaware of any physical limitations I had from the Kmart/ Sears Injury, until after performing aggressive physical work labor at a gym, and beginning to feel pain. This new job that pushed my body to recognize the physical limitations set in place, from my injury in 2014, I've been recently making compensation claims for, within the Sears Bankruptcy Court, I did in May of 2022 begin to naturally feel and begin to experience pain, and re-injury from the 2014 attack, that I was never compensated for, by the Kmart/ Sears company for their employees' actions, while litigating the matter. Presently, I've become unable to perform the physical labor I worked to earn money, due to this prior injury, I am currently making a claim for( Claim #26515 in the Sears Bankruptcy Court Case #18-23538).

Coincidentally, I was recently forced to apply for disability through Workmans Compensation and the Social Security Administration because of my physical limitations preventing me from completing my recent new job without pain, and further injury risks. This is where I was again reminded of the affects, point and the importance of my previous motion named **MOTION TO BE LISTED AS A PRIORITY DEBT, DEMAND ACKNOWLEDGEMENT OF EMPLOYMENT**

**AND TYPE OF WORK PERFORMED** demanding I receive credit for my work and it be reported to the Social Security Administration.

Unfortunately, on August 13th, 2022 a denial letter was sent stating I do not qualify for disability benefits for my re-injury from the Kmart Sears injury (Claim # 26515), because I have not worked long enough and have not earned enough income credit, (Claim# 26517 and Docket #10488). Although this is not true, it puts me at risk of not being able to provide for myself and my family due to wage thefts, and non payment of injury, while having evidence I am entitled. The purpose of the Notice of Directly Related Case is to make all parties aware of the current events taking place and how I and my family are being affected today due to non compensation of wages and injury claims to be heard on August 31, 2022, and why this case status should be considered, changed and identified as Priority Debt, to be resolved through compensation without delay, as the defendants behaviors have been nothing but negligent, violent, abusive and criminal.

Dated: Poughkeepsie, New York  
08/27/2022

*/s/ Aron Goldberger*  
Kingdom Seekers Inc.  
15 S Bridge Street  
Poughkeepsie, NY 12601

## REQUEST FOR RECONSIDERATION

NAME OF CLAIMANT:

Aron Goldberger

CLAIMANT SSN:

CLAIM NUMBER: (If different than SSN)

BNC# [REDACTED]

ISSUE BEING APPEALED: (Specify if retirement, disability, hospital or medical, SSI, SVB, overpayment, etc.)

Appeal of not working long enough, not making enough money or having work  
enough work credits to qualify for benefits, to collect disability benefit  
I do not agree with the Social Security Administration's (SSA) determination and request reconsideration.  
My reasons are:

Presently in Bankruptcy court with previous employer Sears Case#18-23538/  
Doc# [REDACTED] demanding Acknowledgement Work&Wages Owed, &Disabling Injury Pay.

### SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFITS (SVB) RECONSIDERATION ONLY

#### THREE WAYS TO APPEAL

I want to appeal your determination about my claim for **SSI** or **SVB**. I have read about the three ways to appeal.  
I have checked the box below:

**CASE REVIEW** - You can pick this kind of appeal in all cases. You can give us more facts to add to your file.  
Then we will decide your case again. You do not meet with the person who decides your case.

**INFORMAL CONFERENCE** - You can pick this kind of appeal in all SSI cases except for medical issues. In  
SVB cases, you can pick this kind of appeal only if we are stopping or lowering your SVB payment. You will  
meet with a person who will decide your case. You can tell that person why you think you are right. You can give us  
more facts to help prove you are right. You can bring other people to help explain your case.

**FORMAL CONFERENCE** - You can pick this kind of appeal only if we are stopping or lowering your SSI or  
SVB payment. This meeting is like an informal conference, but we can also get people to come in and help prove  
you are right. We can do this even if they do not want to help you. You can question these people at your meeting.

#### CONTACT INFORMATION

CLAIMANT SIGNATURE - OPTIONAL:

NAME OF CLAIMANT'S REPRESENTATIVE: (If any)

MAILING ADDRESS:

15 S Bridge Street

CITY:

STATE:

ZIP CODE:

Poughkeepsie, NY

12601

TELEPHONE NUMBER:

(Include area code)

DATE:

[REDACTED] 08/27/2022

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

(Include area code)

DATE:

#### TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION

1. HAS INITIAL DETERMINATION  
BEEN MADE?  Yes  No

2. IS THIS REQUEST FILED TIMELY?  Yes  No

(If "NO", attach claimant's explanation for delay.  
Refer to GN 03101.020)

SOCIAL SECURITY OFFICE ADDRESS AND DATE  
APPEAL RECEIVED:

FIELD OFFICE DEVELOPMENT (GN 03102.300)

NO FURTHER DEVELOPMENT REQUIRED

REQUIRED DEVELOPMENT ATTACHED

REQUIRED DEVELOPMENT PENDING, WILL  
FORWARD OR ADVISE STATUS WITHIN 30 DAYS

SSI CASES ONLY - GOLDBERG KELLY (GK)

(SI 02301.310) RECIPIENT APPEALED AN ADVERSE  
ACTION:

WITHIN 10 DAYS AFTER RECEIVING THE  
ADVANCE NOTICE;

AFTER THE 10-DAY PERIOD AND GOOD CAUSE  
EXISTS FOR EXTENDING THE TIME LIMIT

PAYMENT CONTINUATION APPLIES AND INPUT  
MADE TO SYSTEM

NOTE: Take or mail the **completed original** to your local Social Security office, the Veterans Affairs Regional Office in  
Manila, or any U.S. Foreign Service post and keep a copy for your records.

## ADMINISTRATIVE ACTIONS THAT ARE INITIAL DETERMINATIONS (See GN03101.070, GN03101.080, and SI04010.010)

**NOTE:** These lists cover the vast majority of administrative actions that are initial determinations. However, they are not all inclusive.

### Title II

1. Entitlement or continuing entitlement to benefits;
2. Reentitlement to benefits;
3. The amount of benefit;
4. A recomputation of benefit;
5. A reduction in disability benefits because benefits under a worker's compensation law were also received;
6. A deduction from benefits on account of work;
7. A deduction from disability benefits because of claimant's refusal to accept rehabilitation services;
8. Termination of benefits;
9. Penalty deductions imposed because of failure to report certain events;
10. Any overpayment or underpayment of benefits;
11. Whether an overpayment of benefits must be repaid;
12. How an underpayment of benefits due a deceased person will be paid;
13. The establishment or termination of a period of disability;
14. A revision of an earnings record;
15. Whether the payment of benefits will be made, on the claimant's behalf to a representative payee, unless the claimant is under age 18 or legally incompetent;
16. Who will act as the payee if we determine that representative payment will be made;
17. An offset of benefits because the claimant previously received Supplemental Security Income payments for the same period;
18. Whether completion of or continuation for a specified period of time in an appropriate vocational rehabilitation program will significantly increase the likelihood that the claimant will not have to return to the disability benefit rolls and thus, whether the claimant's benefits may be continued even though the claimant is not disabled;
19. Nonpayment of benefits because of claimant's confinement for more than 30 continuous days in a jail, prison, or other correctional institution for conviction of a criminal offense;
20. Nonpayment of benefits because of claimant's confinement for more than 30 continuous days in a mental health institution or other medical facility because a court found the individual was not guilty for reason of insanity; a court found that he/she was incompetent to stand trial or was unable to stand trial for some other similar mental defect; or, a court found that he/she was sexually dangerous.

### Title XVI

1. Eligibility for, or the amount of, Supplemental Security Income benefits;
2. Suspension, reduction, or termination of Supplemental Security Income benefits;
3. Whether an overpayment of benefits must be repaid;
4. Whether payments will be made, on claimant's behalf to a representative payee, unless the claimant is under age 18, legally incompetent, or determined to be a drug addict or alcoholic;
5. Who will act as payee if we determine that representative payment will be made;
6. Imposing penalties for failing to report important information;
7. Drug addiction or alcoholism;
8. Whether claimant is eligible for special SSI cash benefits;
9. Whether claimant is eligible for special SSI eligibility status;
10. Claimant's disability; and
11. Whether completion of or continuation for a specified period of time in an appropriate vocational rehabilitation program will significantly increase the likelihood that claimant will not have to return to the disability benefit rolls and thus, whether claimant's benefits may be continued even though he or she is not disabled.

**NOTE: Every redetermination which gives an individual the right of further review constitutes an initial determination.**

### Title VIII (See VB 02501.035)

1. Meeting or failing to meet the qualifying and/or entitlement factors for special veterans benefits (SVB);
2. Reduction, suspension or termination of SVB payments;
3. Applicability of a disqualifying event prior to SVB entitlement;
4. Administrative actions in SVB cases similar to those listed under Title II-items 3, 4, 10, 11 & 16.

### Title XVIII

1. Entitlement to hospital insurance benefits and to enrollment for supplementary medical insurance benefits;
2. Disallowance (including denial of application for HIB and denial of application for enrollment for SMIB);
3. Termination of benefits (including termination of entitlement to HI and SMI);
4. Initial determinations regarding Medicare Part B income-related premium subsidy reductions.

## REQUEST FOR RECONSIDERATION

NAME OF CLAIMANT:

Aron Goldberger

CLAIMANT SSN:

CLAIM NUMBER: (If different than SSN)

BNC# [REDACTED]

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Appeal of not having enough work credits to qualify for benefits.

I do not agree with the Social Security Administration's (SSA) determination and request reconsideration.  
My reasons are:

Presently in Bankruptcy court with previous employer Sears Case#18-23538/  
Doc# [REDACTED] demanding Acknowledgement Work&Wages Owed, &Disabling Injury Pay.

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MAILING ADDRESS:

15 S Bridge Street

CITY:

STATE:

ZIP CODE:

Poughkeepsie NY 12601

TELEPHONE NUMBER:

[REDACTED] (area code)  
845-451-1111

DATE:

08/27/2022

MAILING ADDRESS:

CITY:

STATE:

ZIP CODE:

TELEPHONE NUMBER:

(Include area code)

DATE:

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BEEN MADE?  Yes  No

2. IS THIS REQUEST FILED TIMELY?  Yes  No

(If "NO", attach claimant's explanation for delay.  
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NO FURTHER DEVELOPMENT REQUIRED

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MADE TO SYSTEM

NOTE: Take or mail the **completed original** to your local Social Security office, the Veterans Affairs Regional Office in Manila, or any U.S. Foreign Service post and keep a copy for your records.

Claimant

## HOW TO APPEAL YOUR SUPPLEMENTAL SECURITY INCOME (SSI) OR SPECIAL VETERANS BENEFIT (SVB) DECISION

Now that you picked the kind of appeal that fits your case, fill out this form or we'll help you fill it out. You can have a lawyer, friend, or someone else help you with your appeal. There are groups that can help you with your appeal. Some can give you a free lawyer. We can give you the names of these groups.

**NOTE: DON'T FILL OUT THIS FORM IF WE SAID WE'LL STOP YOUR DISABILITY CHECK FOR MEDICAL REASONS OR BECAUSE YOU'RE NO LONGER BLIND. WE'LL GIVE YOU THE RIGHT FORM (SSA-789-U4) FOR YOUR APPEAL.**

The information on this form is authorized by regulation (20 CFR 404.907 - 404.921 and 416.1407 - 416.1421) and Public Law 106-169 (section 809(a)(1) of section 251(a)). While your response to these questions is voluntary, the Social Security Administration cannot reconsider the decision on this claim unless the information is furnished.

### Privacy Act Statement Request for Reconsideration

Sections 205, 702(a)(5), 809, 1631, 1633, and 1869(b) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent us from re-evaluating the decision on your claim.

We will use the information to determine your eligibility for benefits and administer our programs. We may also share your information for the following purposes, called routine uses:

- To third party contacts in situations where the party to be contacted has, or is expected to have, information relating to the individual's capability to manage his/her affairs or his/her eligibility for or entitlement to benefits under the Social Security program; and
- To the Center for Medicare & Medicaid Services (CMS), for the purpose of administering Medicare Part A, Part B, Medicare Advantage Part C, and Medicare Part D, including but not limited to: Medicare Part C enrollment and premium collection processes; Part D enrollment and premium collection processes; Medicare Part B premium reduction based on participation in a Part C plan; and Medicare Part B enrollment and income-related monthly adjustment amount determinations, appeals of determinations, and premium collections.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notices (SORN) 60-0089, entitled Claims Folder System, as published in the Federal Register (FR) on April 1, 2003, at 68 FR 15784 and 60-0321, entitled Medicare Database File, as published in the FR on July 25, 2006, at 71 FR 42159. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy/](http://www.ssa.gov/privacy/).

**Paperwork Reduction Act Statement** - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 8 minutes to read the instructions, gather the facts, and answer the questions. **SEND OR BRING THE COMPLETED FORM TO YOUR LOCAL SOCIAL SECURITY OFFICE. You can find your local Social Security office through SSA's website at [www.socialsecurity.gov](http://www.socialsecurity.gov). Offices are also listed under U. S. Government agencies in your telephone directory or you may call Social Security at 1-800-772-1213 (TTY 1-800-325-0778). You may send comments on our time estimate above to: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401. Send only comments relating to our time estimate to this address, not the completed form.**

**Social Security Administration  
Retirement, Survivors and Disability Insurance**  
Notice of Disapproved Claim

Office of Central Operations  
1500 Woodlawn Drive  
Baltimore, Maryland 21241-1500  
Date: August 13, 2022  
BNC#: [REDACTED]



0001100 00033063 1 MB 0.515 0809M3MCS7PB T220 P19

 ARON GOLDBERGER  
15 S BRIDGE ST APT 212  
POUGHKEEPSIE, NY 12601-3575

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0001100 0100000000

We are writing to tell you that you do not qualify for disability benefits.

**Why We Cannot Pay You**

You do not qualify for disability benefits because you have not worked long enough under Social Security.

We figure work under Social Security in credits. Please read the enclosed pamphlet, "How You Earn Social Security Credits," which explains how the credits are earned and how many a person must have to receive benefits.

Since you do not have enough work credits to qualify for benefits, we did not make a decision about whether you are disabled under our rules.

**Other Social Security Benefits**

You are not due any other Social Security benefits. In the future, if you think you may qualify for benefits from us, you will need to apply again.

**Need Help Getting A Job?**

If you want to ask about counseling, training, and other services to help you in going to work, contact the nearest State vocational rehabilitation office. Their phone number is in the blue pages of your telephone book under State Government. You can also go to our Office of Employment Support Programs' website at [www.chooseworkttw.net/resource/jsp/searchByState.jsp](http://www.chooseworkttw.net/resource/jsp/searchByState.jsp). Click on the State where you live and it will provide your local vocational rehabilitation agency's address and telephone number.

Enclosure(s):  
Pub 05-10072



CERTIFICATE OF SERVICE

I certify that service for the foregoing "Notice of Directly Related Case" on this 27<sup>th</sup> day of August, 2022, has been made to Honorable Judge D. Drain for Sears Holding Corporation Case #18-23538, by email to shl.chambers@nysb.uscourts.gov and US COURT website upload.

/s/ pro se, Aron Goldberger